OFE 408

FW	#1641
PTO/SE	3/21 (09-04)

October 7, 2005

TRANSMITTAL
FORM

Application Number

Filing Date
First Named Inventor

Art Unit

23

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Examiner Name

Attorney Docket Number

December 13, 2001

Nguyen, Quan

1641

Counts, Gary W.

002558-064310US

**ENCLOSURES** (Check all that apply) After Allowance Communication to TC  $\boxtimes$ Fee Transmittal Form Drawing(s) Appeal Communication to Board Fee Attached Licensing-related Papers of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) X Amendment/Reply Petition Petition to Convert to a After Final **Proprietary Information** Provisional Application Power of Attorney, Revocation Affidavits/declaration(s) Status Letter Change of Correspondence Address Other Enclosure(s) (please identify Extension of Time Request Terminal Disclaimer below): Return Postcard **Express Abandonment Request** Request for Refund Information Disclosure Statement CD, Number of CD(s) Landscape Table on CD The Commissioner is authorized to charge any additional fees to Deposit Remarks Certified Copy of Priority Account 20-1430. Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Townsend and Townsend and Crew LLP Signature Printed name Joel G. Ackerman Date Reg. No. 2005 October 7 24,307 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name

Signature

Lois M. Simón

Applicant claims small entity status. See 37 CFR 1.27

## Effective on 12/08/2004. Free and to the Consolidated Appropriations Act, 2005 (H.R. 4818). FRANCE TO A BICKAITT A

•	VI.	 20	UU	

	10. 4550
TOTAL AMOUNT OF PAYMENT	1 (\$) 1550

Complete if Known			
Application Number	10/017,788		
Filing Date	December 13, 2001		
First Named Inventor	Nguyen, Quan		
Examiner Name	Counts, Gary W.		
Art Unit	1641		
Attorney Docket No.	002558-064310US		

			Attorney Bocket			
METHOD OF PAYMENT	(check all tha	at apply)				
Check Credit C	Card Moi	ney Order None	e Other (ple	ase identify):		
Deposit Account D	eposit Account N	Number: 20-1430	Deposit Accou	nt Name: <u>Townse</u>	nd and Townse	nd and Crew LLP
For the above-ider	ntified deposit ac	ccount, the Director is h	ereby authorized to	o: (check all that	apply)	
,	indicated belov			e fee(s) indicated	l below, except	for the filing fee
Charge any ac	dditional fee(s) o	or underpayments of fee	e(s) Credit	any overpaymen	ite	
WARNING: Information on this	form may becor	me public. Credit card info				credit card
Information and authorization	on PTO-2038		<del>-</del> · · · · · · · · · · · · · · · · · · ·			
FEE CALCULATION						
1. BASIC FILING, SEAF			BOH EEES		ON EEES	
	FILING F Small	Entity	RCH FEES Small Entity	EXAMINATI Small	Entity	
Application Type	Fee (\$) Fe		(\$) Fee (\$)	Fee (\$) Fee	(\$)	Fees Paid (\$)
Utility	300 1	50 500	250	200 10	00	
Design	200 1	00 100	50	130	55	
Plant	200 1	00 300	150	160	30	
Reissue	300 1	50 500	250	600 30	00	
Provisional	200 1	00	0	0	0	
2. EXCESS CLAIM FEE	s					Small Entity
Fee Description						Fee (\$) Fee (\$)
Each claim over 20 or, for						50 25
Each independent claim	•	Reissues, each indep	oendent claim m	ore than in the	original pater	
Multiple dependent clair			<b></b>			360 180
<u>Total Claims</u> 79 -20 or HP =	Extra Claims 31		<u>e Paid (\$)</u> \$1,550	Multiple De	<u>endent Claim</u> Fee Paid	
HP = highest number of total cla			<del>\$1,550</del>	100 (4)	<u>ree r alu</u>	14)
Indep. Claims	Extra Claims		e Paid (\$)			
5 -3 or HP =	. 0	x <u>\$200</u> =	\$0			
HP = highest number of indeper	ident claims paid (	for, if greater than 3				
3. APPLICATION SIZE						
If the specification and						5 for small entity)
		raction thereof. See				Fee Paid (\$)
Total Sheets						
4. OTHER FEE(S) Fees Paid (\$)						
Non-English Specification, \$130 fee (no small entity discount)						
Other:						
SUBMITTED BY						
Signature			Registration No. (Attorney/Agent)	24,307	Telephone	415-576-0200
Name (Print/Type) Joel C	. Ackerman				Date Octo	ober 7, 2005

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